



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050**

October 1, 2013

CERTIFIED MAIL 7007 1490 0003 4201 5814

Steven C. Andrews
AAA Crystal Rose Adult Family Home, Inc.
P.O. Box 8760
Spokane WA 99223

Adult Family Home License #752480

IMPOSITION OF CIVIL FINE

Dear Mr. Andrews:

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at **4414 S. Helena, Spokane**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **August 28, 2013**.

WAC 388-76-10673(1)(a)(2)(a) Abuse and neglect reporting—Mandated reporting to department—Required. **\$500.00**

The licensee failed to make an immediate report to the state complaint hotline when there was reasonable cause to believe physical and mental abuse may have occurred for one resident.

WAC 388-76-10675(2) Adult family home rules and policies related to abuse—Required. **\$500.00**

The licensee failed to ensure its abuse policy and procedure was implemented when six staff that were aware of a resident's abuse allegations did not make the required reports to the state complaint hotline.

Plan of Correction/Attestation

You Must:

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Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Elena Madrid, Field Manager
District 1, Unit A
316 West Boone, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7316 / Fax: (509) 329-3993

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360)725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

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If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$1,000.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

If you have any questions, please contact Elena Madrid at (509) 323-7316.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 1, Unit A
RCS District Administrator, District 1
HCS Regional Administrator, Region 1
DDD Regional Administrator, Region 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM